MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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DEP.	ARTM	1EN	T 01	T PU	BLIC	HEALTH AND WE	LFAR57 O		1002	1	CCOE	STATE FILE NU	WBER
DO NOT WRITE ON THIS STUB					Re	egistration District No	Prim	nary Registration Dit	etrict No.1003		6695	· 	
VS 300 Rev. 4/59	<u> </u>	_ 	;		-	PLACE OF DEATH a. COUNTY		was to		a. STATE MISS	CE (Where deceased lives SOUNTY	ved. If institution: I	Residence before admission)
NEV. 4/3Y	AMENDED	1.			1_	rown St	porate limits, give TOWNS		ength of stay in Th	c. CITY OR TOWN	Winfield		Inside Limits Yes No
2579	DATE /				 	HOSPITAL OR	Luke!s: Hospital	•	Inside Limits Yes □ No □	d. STREET ADDRESS	(If cutside,	give location)	Reside on Form Yes No 1
3	1	\prod		7	3	NAME OF DECEASED (Type or print)	First Theod ore	Midd Domin	•	urkhardt	OF.	onth Day	Year 1963
5 /					_	Male	6. COLOR OR RACE White	· Widowed 🗆	Never Married Divorced	8. DATE OF BIRTH 6/2/1911	9. AGE (last birthday)	Months Days	IF UNDER 24 HR Hours Min.
6	SWO			. -	·	a. USUAL OCCUPATION (during most of working Truck Dri FATHER'S NAME	g life, even if retired)	Beer Dist	SINESS OR INDUSTRY TIBUTOR HER'S MAIDEN NAME	St.Louis.	ity and state or country)	U.S. CITIZEN OF THUSBAND OR WIFE	
⁷ 0	ᅙ					Adolph Burk		Ma	aggie Penne	ell		a Burkhard	
9	RE AS				15 (Yi		yes, give war or dates of s	*ervi		17. INFORMANT Aletha Bun	rkhardt, Old	Address Monroe Mo	TERVAL BETWEEN
10	CORD AR			CUMENT		io. CAUSE OF DEATH PART	(Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	15/LH	TERAL	BRONCH	OPNEUMO	- I ON	SET AND DEATH
120/- 0				DOC	\	Condition which gay	ive rise to		vsive onary i	EDEMA			8 HRS.
13	N THIS	H	$oldsymbol{+}$	1	[_	above ca stating th lying cau	ause (a), } he under- iuse (ast. DUE TO (c		IBITING TO BOTT		the terminal PART	III. If deceased	was female was
	ō∣				CATION	ACTIVE ?	OTHER SIGNIFICANT CO disease condition given in	in PARI I (a)	RCUTOSIS	S RT. UPPER	tobe	there a pregnar	ncy in last 90 days. No Unknown
	AMENDMENTS				CERTIF		20a. ACCIDENT SUICIDE				(Enter nature of injury i	in PART I or PART II	of item 18.)
RIBBON	AME				MEDICAL	20c. TIME OF Houles, m. p.m.		OF Indiana	Lor skew l	THE CITY TOWN OF	LOCATION	COUNTY	STATÉ
E RIB				.	[20d. INJURY OCCURRED WHILE AT WORK I NOT WHILE AT W	☐ farm, f	OF INJURY (e.g., in factory, street, office	bldg., etc.)	20f. CITY, TOWN, OR		6/14/15	
E BLACK OR WRITER P	LD REAL	;				21. I attended the dece Death occurred at-		145 am	, tom on th	ne date stated above, as	I last saw her alive on and to the best of my kn	owledge, from the c.	
USE BLACK OR TYPEWRITER	SHOULD			VIT OF		22a. SIGNATURE	od Way	pree or title)	1,0%	22b. ADDRESS 5.2 MAR	YTAND P	TAZA (8)	22c. DATE SIGNED 6/25/63
-	Ö			FFIDA		a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL	6-27-63	1	F CEMETERY OR CRE		Winfield.	· · · · · · · · · · · · · · · · · · ·	
	ITEM			BY.A		. FUNERAL DIRECTOR Licks Funeral	ADE L Home, El sbei			26 1963	Harl	frith.	MD

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TATEMENT BY LICENSED EMBALME

		orded on the reverse side of this certificate was embalmed by me,
or by	The Alected	Student Embalmer No.
working under my persona	l supervision.	OATO 21 A.
Student		Signed Stanley H. Misson
Signature	of Student Embalmer	111
$\chi_{i} \in \mathcal{M}_{i}$		Licensed Embalmes No.
		P. O. Address St. Jours

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complewith the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.